

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form. **1** Filer ID (Ethics Commission Filers) **2** Total pages filed: **11**

|   |  |                                      |           |   |                                  |                   |
|---|--|--------------------------------------|-----------|---|----------------------------------|-------------------|
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME            | MS / MRS / MR  | FIRST                                | MI        | <b>OFFICE USE ONLY</b>                      |                                  |                   |
|   | NICKNAME   | LAST                                 | SUFFIX    |   |                                  |                   |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE   |                                      |           | <b>RECEIVED</b><br>FEB 05 2024              |                                  |                   |
| Change of Address                                 | PO Box 656, Lissie, TX 77454-0656  |                                      |           |   |                                  |                   |
| <b>5</b> CANDIDATE / OFFICEHOLDER PHONE           | AREA CODE  | PHONE NUMBER                         | EXTENSION | Date Received                               |                                  |                   |
|   | ( 979 )  | 942-7892                             |           | Date Hand-delivered or Date Postmarked      |                                  |                   |
| <b>6</b> CAMPAIGN TREASURER NAME                  | MS / MRS / MR  | FIRST                                | MI        | BY: <i>Hand Delivered</i>                   |                                  |                   |
|   | NICKNAME   | LAST                                 | SUFFIX    | Receipt #                                   |                                  |                   |
|   |  | Krenek                               |           | Amount \$                                   |                                  |                   |
| <b>7</b> CAMPAIGN TREASURER ADDRESS               | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE  |                                      |           | Date Processed                              |                                  |                   |
| (Residence or Business)                           | 7219 Highway 71, Garwood, TX 77442   |                                      |           | Date Imaged                                 |                                  |                   |
| <b>8</b> CAMPAIGN TREASURER PHONE                 | AREA CODE  | PHONE NUMBER                         | EXTENSION |   |                                  |                   |
|   | ( 979 )  | 578-1947                             |           |   |                                  |                   |
| <b>9</b> REPORT TYPE                              | <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)<br><input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) |                                      |           |   |                                  |                   |
| <b>10</b> PERIOD COVERED                          | Month  | Day                                  | Year      | Month                                       | Day                              | Year              |
|   | 1  | 13                                   | 24        | THROUGH                                     | 2                                | 2 / 24            |
| <b>11</b> ELECTION                                | ELECTION DATE  |                                      |           | ELECTION TYPE                               |                                  |                   |
|   | Month  | Day                                  | Year      | <input checked="" type="checkbox"/> Primary | <input type="checkbox"/> Runoff  | Other Description |
|   | 3  | 5                                    | 24        | <input type="checkbox"/> General            | <input type="checkbox"/> Special |                   |
| <b>12</b> OFFICE                                  | OFFICE HELD (if any)   |                                      |           | <b>13</b> OFFICE SOUGHT (if known)          |                                  |                   |
|   |  |                                      |           | Sheriff                                     |                                  |                   |
| <b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)      | THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.  |                                      |           |   |                                  |                   |
| Additional Pages                                  | COMMITTEE TYPE   | COMMITTEE NAME                       |           |   |                                  |                   |
|   | GENERAL  | COMMITTEE ADDRESS                    |           |   |                                  |                   |
|   | SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME    |           |   |                                  |                   |
|   |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |           |   |                                  |                   |

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

|   |   |   |
|---|---|---|
| <b>15 C/OH NAME</b><br>Justin Lindemann |   | <b>16 Filer ID (Ethics Commission Filers)</b> |
| <b>17 CONTRIBUTION TOTALS</b>           | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 0.00                                       |
|   | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 4,300.00                                   |
| <b>EXPENDITURE TOTALS</b>               | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 0.00                                       |
|   | 4. TOTAL POLITICAL EXPENDITURES   | \$ 3,610.27                                   |
| <b>CONTRIBUTION BALANCE</b>             | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  | \$ 7,487.16                                   |
| <b>OUTSTANDING LOAN TOTALS</b>          | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 0.00                                       |

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_ (street) \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip code) \_\_\_\_\_ (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.  
(month) (year)

\_\_\_\_\_  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

|  |  |   |
|--|--|---|
| <b>19 FILER NAME</b><br>Justin Lindemann         |  | <b>20 Filer ID (Ethics Commission Filers)</b> |
| <b>21 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |  | <b>SUBTOTAL AMOUNT</b>                        |
| 1.   | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                    | \$ 4,050.00                                   |
| 2.   | ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                      | \$ 250.00                                     |
| 3.   | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$  |
| 4.   | SCHEDULE E: LOANS  | \$  |
| 5.   | ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS            | \$ 3,610.27                                   |
| 6.   | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$  |
| 7.   | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$  |
| 8.   | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$  |
| 9.   | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$  |
| 10.  | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$  |
| 11.  | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$  |
| 12.  | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$  |

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>5 | <b>2</b> FILER NAME<br>Justin Lindemann | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---|--|

|                             |   |
|-----------------------------|---|
| <b>4</b> Date<br>01/18/2024 | <b>5</b> Payee name<br>Schulenburg Printing and Office Supplies, Inc. |
|-----------------------------|---|

|                                  |  |
|----------------------------------|--|
| <b>6</b> Amount (\$)<br>1,031.78 | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 429, Schulenburg, TX 78956 |
|----------------------------------|--|

|                                    |   |                              |
|------------------------------------|---|------------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule)<br>Printing Expense  | (b) Description<br>Postcards |
|                                    | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                              |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>01/24/2024 | Payee name<br>USPS |
|--------------------|--------------------|

|                      |  |
|----------------------|--|
| Amount (\$)<br>86.48 | Payee address; City; State; Zip Code<br>Cat Spring, TX |
|----------------------|--|

|                               |   |                          |
|-------------------------------|---|--------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Postcards |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                          |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>01/24/2024 | Payee name<br>USPS |
|--------------------|--------------------|

|                       |   |
|-----------------------|---|
| Amount (\$)<br>186.96 | Payee address; City; State; Zip Code<br>New Ulm, TX |
|-----------------------|---|

|                               |   |                          |
|-------------------------------|---|--------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Postcards |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                          |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |                     |   |
|---|---------------------|---|
| <b>1</b> Total pages Schedule F1:<br><b>5</b> | <b>2</b> FILER NAME | <b>3</b> Filer ID: (Ethics Commission Filers) |
|---|---------------------|---|

|                             |                             |
|-----------------------------|-----------------------------|
| <b>4</b> Date<br>01/24/2024 | <b>5</b> Payee name<br>USPS |
|-----------------------------|-----------------------------|

|                                       |  |
|---------------------------------------|--|
| <b>6</b> Amount (\$)<br><b>985.57</b> | <b>7</b> Payee address; City; State; Zip Code<br>1221 Walnut St., Columbus, TX 78934 |
|---------------------------------------|--|

|   |  |                                     |
|---|--|-------------------------------------|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Postcards |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                     |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>01/24/2024 | Payee name<br>USPS |
|--------------------|--------------------|

|                       |  |
|-----------------------|--|
| Amount (\$)<br>450.46 | Payee address; City; State; Zip Code<br>100 E. Main St., Weimar, TX 78962-9998 |
|-----------------------|--|

|                               |   |                          |
|-------------------------------|---|--------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Postcards |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                          |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>01/24/2024 | Payee name<br>USPS |
|--------------------|--------------------|

|                     |  |
|---------------------|--|
| Amount (\$)<br>4.87 | Payee address; City; State; Zip Code<br>622 Anderson St., Schulenburg, TX 78956-9998 |
|---------------------|--|

|                               |   |                          |
|-------------------------------|---|--------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Postcards |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                          |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

If the requested information is not applicable, **DO NOT** include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |                     |   |
|--|---------------------|---|
| <b>1</b> Total pages Schedule F1:<br>5 | <b>2</b> FILER NAME | <b>3</b> Filer ID: (Ethics Commission Filers) |
|--|---------------------|---|

|                             |                             |
|-----------------------------|-----------------------------|
| <b>4</b> Date<br>01/26/2024 | <b>5</b> Payee name<br>USPS |
|-----------------------------|-----------------------------|

|                                |  |
|--------------------------------|--|
| <b>6</b> Amount (\$)<br>455.13 | <b>7</b> Payee address; City; State; Zip Code<br>100 E. Main St., Suite 1, Eagle Lake, TX 77434-9998 |
|--------------------------------|--|

|                                    |  |                                     |
|------------------------------------|--|-------------------------------------|
| <b>8</b><br>PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | <b>(b)</b> Description<br>Postcards |
|                                    | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                                     |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>01/26/2024 | Payee name<br>USPS |
|--------------------|--------------------|

|                      |   |
|----------------------|---|
| Amount (\$)<br>95.21 | Payee address; City; State; Zip Code<br>Sheridan, TX 77475-9998 |
|----------------------|---|

|                               |   |                          |
|-------------------------------|---|--------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Postcards |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                          |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|                    |                    |
|--------------------|--------------------|
| Date<br>01/26/2024 | Payee name<br>USPS |
|--------------------|--------------------|

|                      |   |
|----------------------|---|
| Amount (\$)<br>20.91 | Payee address; City; State; Zip Code<br>Hwy 71, Nada, TX 77460-9998 |
|----------------------|---|

|                               |   |                          |
|-------------------------------|---|--------------------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | Description<br>Postcards |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |                          |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br><b>5</b>                       | <b>2</b> FILER NAME  | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> Date<br>01/26/2024   | <b>5</b> Payee name<br>USPS  |  |
| <b>6</b> Amount (\$)<br><b>95.41</b>                                | <b>7</b> Payee address: City; State; Zip Code<br>Arthur St., Garwood, TX 77442-9998                                |  |
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b>                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                     | <b>(b)</b> Description<br>Postcards          |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense |  |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br>01/26/2024  | Payee name<br>USPS   |  |
| Amount (\$)<br>23.75  | Payee address: City; State; Zip Code<br>Altair, TX 77412-9998  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                | Description<br>Postcards                     |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |
| Date<br>01/26/2024  | Payee name<br>USPS   |  |
| Amount (\$)<br>35.12  | Payee address: City; State; Zip Code<br>Rock Island, TX 77470-9998   |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | Category (See Categories listed at the top of this schedule)<br>Advertising Expense                                | Description<br>Postcards                     |
|   | Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense            |  |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate / Officeholder name  | Office sought Office held                    |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense                        | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking                         | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense                         | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By            | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Candidate/Officeholder/Political Committee | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |
| Credit Card Payment                        |                               |                                |  |

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>5 | <b>2</b> FILER NAME<br>Justin Lindemann | <b>3</b> Filer ID (Ethics Commission Filers) |
|--|---|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>02/02/2024 | <b>5</b> Payee name<br>Blue Cedar Branding Co. |
|-----------------------------|--|

|                                       |  |       |        |          |
|---------------------------------------|--|-------|--------|----------|
| <b>6</b> Amount (\$)<br><b>138.62</b> | <b>7</b> Payee address;<br>3234 FM 109, Columbus, TX 78934 | City; | State; | Zip Code |
|---------------------------------------|--|-------|--------|----------|

|   |  |  |
|---|--|--|
| <b>8</b><br><b>PURPOSE OF EXPENDITURE</b> | <b>(a) Category</b> (See Categories listed at the top of this schedule)<br>Printing Expense  | <b>(b) Description</b><br>Campaign Buttons |
|   | <b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |  |

|   |                               |               |             |
|---|-------------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|---|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)  | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

|      |            |
|------|------------|
| Date | Payee name |
|------|------------|

|             |                |       |        |          |
|-------------|----------------|-------|--------|----------|
| Amount (\$) | Payee address; | City; | State; | Zip Code |
|-------------|----------------|-------|--------|----------|

|                               |   |             |
|-------------------------------|---|-------------|
| <b>PURPOSE OF EXPENDITURE</b> | Category (See Categories listed at the top of this schedule)  | Description |
|                               | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> |             |

|  |                               |               |             |
|--|-------------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought | Office held |
|--|-------------------------------|---------------|-------------|

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**



# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A1:<br><b>2</b>             |
| 2 FILER NAME<br><b>Justin Lindemann</b>                   |  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>01/20/2024</b>                               | 5 Full name of contributor out-of-state PAC (ID#: _____)<br><b>Jason Ray Sweat</b>           | 7 Amount of contribution (\$)<br><br><b>250.00</b> |
|   | 6 Contributor address; City; State; Zip Code<br><b>1215 Dttmar Rd., Cat Spring, TX 78933</b> |  |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                      |
| Date<br><b>01/20/2024</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>D. J. Potter</b>                | Amount of contribution (\$)<br><br><b>1,000.00</b> |
|   | Contributor address; City; State; Zip Code<br><b>PO Box 484, Columbus, TX 78934</b>          |  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date<br><b>01/20/2024</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>Eric Dvorak</b>                 | Amount of contribution (\$)<br><br><b>500.00</b>   |
|   | Contributor address; City; State; Zip Code<br><b>2126 Ann Derr Dr., Columbus, TX 78934</b>   |  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date<br><b>01/25/2024</b>                                 | Full name of contributor out-of-state PAC (ID#: _____)<br><b>J.W. &amp; Natalie Wright</b>   | Amount of contribution (\$)<br><br><b>500.00</b>   |
|   | Contributor address; City; State; Zip Code<br><b>PO Box 983, Columbus, TX 78934</b>          |  |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

|   |  |  |
|---|--|--|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A1:<br><b>2</b>             |
| 2 FILER NAME<br><b>Justin Lindemann</b>                   |  | 3 Filer ID (Ethics Commission Filers)              |
| 4 Date<br><b>01/21/2024</b>                               | 5 Full name of contributor out-of-state PAC (ID# _____)<br><b>J.H. Wooten, III</b><br>6 Contributor address; City; State; Zip Code<br><b>PO Box 655, Columbus, TX 78934</b>        | 7 Amount of contribution (\$)<br><br><b>100.00</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)                      |
| Date<br><b>02/01/2024</b>                                 | Full name of contributor out-of-state PAC (ID# _____)<br><b>B &amp; C Schneider Farms</b><br>Contributor address; City; State; Zip Code<br><b>7312 Hwy 71, Garwood, TX 77442</b>   | Amount of contribution (\$)<br><br><b>200.00</b>   |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date<br><b>02/01/2024</b>                                 | Full name of contributor out-of-state PAC (ID# _____)<br><b>Jeffery D. Hilderbrand</b><br>Contributor address; City; State; Zip Code<br><b>PO Box 1308, Houston, TX 77251-1308</b> | Amount of contribution (\$)<br><br><b>1,500.00</b> |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |
| Date  | Full name of contributor out-of-state PAC (ID# _____)<br><br>Contributor address; City; State; Zip Code  | Amount of contribution (\$)                        |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                        |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

|   |   |   |  |
|---|---|---|--|
| The Instruction Guide explains how to complete this form.                             |   | 1 Total pages Schedule A2: <b>1</b>                         |  |
| 2 FILER NAME<br><b>Justin Lindemann</b>   |   | 3 Filer ID (Ethics Commission Filers)                       |  |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS                                 |   | \$  |  |
| 5 Date<br><b>01/30/2024</b>   | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br><b>J.W. &amp; Natalie Wright</b> | 8 Amount of Contribution \$<br><b>250.00</b>                | 9 In-kind contribution description<br><b>Sponsorship</b> |
| 7 Contributor address; City; State; Zip Code<br><b>PO Box 983, Columbus, TX 78934</b> |   | Check if travel outside of Texas. Complete Schedule T.      |  |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)              |   | 11 Employer (FOR NON-JUDICIAL)(See Instructions)            |  |
| 12 Contributor's principal occupation (FOR JUDICIAL)                                  |   | 13 Contributor's job title (FOR JUDICIAL)(See Instructions) |  |
| 14 Contributor's employer/law firm (FOR JUDICIAL)                                     |   | 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) |  |
| 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)           |   |   |  |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)                                       | Amount of Contribution \$                                   | In-kind contribution description                         |
|   | Contributor address; City; State; Zip Code  |   |  |
| Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)                 |   | Employer (FOR NON-JUDICIAL)(See Instructions)               |  |
| Contributor's principal occupation (FOR JUDICIAL)                                     |   | Contributor's job title (FOR JUDICIAL)(See Instructions)    |  |
| Contributor's employer/law firm (FOR JUDICIAL)  |   | Law firm of contributor's spouse (if any) (FOR JUDICIAL)    |  |
| If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)              |   |   |  |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.